

mend the oxycyanide of mercury when administered in dilutions of 1 to 1000, and in dosage not exceeding .02 gram. Great care should be exercised in its careful and proper administration. The vein must be carefully and properly entered without incision, to prevent disfigurement. Great care must be exercised not to produce an effusion of the remedy outside the vein. Such an accident while not immediately as painful as that of salvarsan, is prone to produce an inflammatory infiltration of rather severe and distressing character. A wider, more extensive experience and a more prolonged and careful observation, will determine to what extent it can be employed as a routine measure in the successful treatment of syphilis.

The Value of Direct Gastroduodenoscopy in Affections of the Stomach and the Duodenum.—ROVSING (*Annals of Surgery*, 1912, lvi, 201) ventures to assert that we have obtained in the direct gastro-duodenoscopy described a method which, in those difficult cases where all other diagnostic expedients are insufficient, enables us to give the exact diagnosis in cases of disease in the stomach and duodenum. It is of special importance in three directions: (1) In the numerous cases where the symptoms speak in favor of ulcers, but where inspection and palpation of the stomach show nothing of the sort. Here gastro-duodenoscopy removes all doubts, and sometimes shows us that the supposed ulcer does not exist, whereby the patient is spared a senseless and injurious encroachment; and sometimes it proves the presence of the ulcer, its seat, and its nature. (2) For the differential diagnosis between ulcers in the stomach and the duodenum. (3) By rendering possible a direct attack upon the ulcer, where one had formerly to content himself with gastro-enterostomy because the seat of the ulcer was unknown. This is of exceptional importance with ulcers, the hemorrhages from which constitute a menace to life whether there be permanent oozing, small bleedings, or violent, acute hemorrhages. Nor, naturally, is this method infallible; as with it also one may sometimes overlook a small ulcer which has concealed itself in the folds of the mucous membrane, and may sometimes interpret a depression as being the edge of an ulcer or something similar, but this is of rare occurrence.

THERAPEUTICS

UNDER THE CHARGE OF

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Luminal—A New Hypnotic.—GOLDSTEIN (*Deutsch. med. Woch.*, 1912, xxxviii, 987) believes that solutions of luminal are changed by boiling, and therefore the remedy is much less active when given subcutaneously.

The administration of the remedy by mouth is often impossible because of its intense bitter taste. He believes that the best effects are obtained when it is given in the form of suppositories. Thus in 79 per cent. of his cases sleep was induced when luminal was given by rectum, and in only 50 per cent. when it was given subcutaneously. Luminal acts slowly, according to Goldstein, requiring from one to two hours before sleep is produced. He believes that it is twice as active as veronal, but decidedly inferior to adalin as a sedative.

The Action of Salvarsan and Neosalvarsan on the Wassermann Reaction.—McDONAGH (*British Med. Jour.*, June 8, 1912, p. 1287) gives his observations on the value of the Wassermann reaction as a guide to the treatment of syphilis. In the primary stage, when the reaction is negative before treatment is commenced, most cases give a positive reaction afterwards. This reaction is most marked about the forty-eighth hour. In some cases, on the other hand, the reaction does not become positive until the fifth day. Although it may remain positive for several days, the degree diminishes generally about the third week, until it becomes negative before the eighth week. If the reaction is only slightly positive after the injection, it becomes negative much earlier. If the first injection gives rise to only a weak reaction then three or four more will undoubtedly suffice to make the reaction permanently negative; if, however, the reaction is strong, then the patient is in the secondary stage, and will require at least 3 grams of salvarsan or neosalvarsan before the desired effect is obtained. In the secondary stage when the reaction becomes strongly positive after an injection, and in cases in which it is markedly positive before treatment is commenced, no blood tests need be made until before and after the fourth injection, as in McDonagh's experience the four injections are the minimum likely to be required to produce a permanent negative result. In the tertiary stage the Wassermann reaction behaves much in the same way as it does in the primary and secondary, except for one peculiar phenomenon, which is occasionally to be noted—that is, a case with a strong positive reaction before treatment may become negative immediately after an injection and remain so from twenty-four to seventy-two hours, and then becomes quite positive again. Patients who have had syphilis and give a negative Wassermann reaction are either cured or in the latent stage, which of the two can only be ascertained by giving a provocative injection of salvarsan and then testing the blood. As an injection of salvarsan will not give rise to a positive reaction in a non-syphilitic, one must regard the occurrence of such as indicative of the presence of disease, and efforts should be made to bring about a cure. Taking all stages of syphilis, McDonagh has found that three to seven injections are necessary to cure most cases of syphilis. There is no doubt that many cases in the tertiary stage can be cured with neosalvarsan which failed to be cured with salvarsan. Liable to change as these conclusions may be, he cannot but admit that the alterations in the Wassermann reaction as the result of treatment are most constant, and when tested at short intervals, give a much safer guide to regulate treatment than by saying that just so many injections will be required, or, as the old syphilologists used to teach, that a three years' pill treatment was